



# VVFC Influenza Vaccine Advanced Order Form 2006-07 REVISED

**Contact** \_\_\_\_\_ **PIN** \_\_\_\_\_  
**Facility** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Shipping Hours/ Instructions** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Email** \_\_\_\_\_

VVFC must receive all orders for the 2006-07 Influenza Season by:

**Friday, April 14, 2006 at 5 PM**

Submit one form for each facility/ PIN for the upcoming season for your entire VVFC Influenza supply.

**DIRECTIONS:** Complete the boxes below with your requested number of doses for Influenza vaccine. Base your request on VVFC eligibility criteria (see below), the influenza dosage schedule, and last season's demand. All orders are subject to VVFC approval. Orders will be limited based on vaccine availability and your facility's patient enrollment. Influenza vaccine shipments will begin in October 2006. Please keep a copy for your records.

## Eligibility for VVFC Influenza Vaccine (updated by ACIP on 2/22/06)

High-risk VVFC eligible patients who:	Healthy VVFC eligible patients who are:
<ul style="list-style-type: none"> <li>Have chronic disorders of the pulmonary or cardiovascular systems, including asthma</li> <li>Have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or human immunodeficiency virus [HIV])</li> <li>Are aged 6 months-18 years receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza infection</li> <li>Adolescent females 18 years or younger that will be pregnant during influenza season</li> <li><b>Have any condition, (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration</b></li> </ul>	<ul style="list-style-type: none"> <li>Aged 6 months-<b>59 months (5 years)</b></li> <li>Household contacts of children aged 0 months-<b>59 months</b></li> <li>Aged 6 months-18 years and are household contacts of persons in groups at high risk (see box at the right), <b>including adults with high risk conditions and persons 50 years or older</b></li> <li>Aged 6 months-18 years and are residents of chronic-care facilities that house persons of any age who have chronic medical conditions</li> </ul>

## ADVANCED ORDER FOR VVFC INFLUENZA VACCINE

Medicaid CPT Code	Influenza Vaccine (Split Virus)	Reserved For VFC Patients:	Shipping Size	Doses Requested
90655	Fluzone Pediatric, Preservative Free TIV (sanofi pasteur)	6 months-35 months ONLY	10 single-dose needling syringes (0.25 mL/syringe)	
90658	Fluzone, Preservative Containing TIV (sanofi pasteur)	36 months-18 years ONLY	10 dose vial (5.00 mL/vial)	
90660	FluMist* LAIV (MedImmune Vaccines, Inc.)	Healthy, 5 years-18 yrs ONLY	20 single-dose sprayers (0.50 mL/sprayer)	

\*FluMist only comes in multiples of 20 doses. FluMist can be stored in any freezer (e.g., chest, frost-free) that reliably maintains an average temperature of -15°C (5° F) or below. FluMist CANNOT be stored in dormitory-style refrigerator/freezer units.

**Please fax, e-mail or mail your order form to:**

Virginia Vaccines For Children Program  
 109 Governor Street, Room 314 West  
 Richmond, VA 23218  
 Phone: (877) 781-VVFC or (804) 864-8055  
 Fax: (804) 864-8090 or E-Mail: VVFC@vdh.virginia.gov

VVFC Use	
	<b>M</b>
TIV PF	
TIV PC	
LAIV	

03/07/06, VFC Facilities